Date Initialized	APPOIN	TMENT TIME:		
****READ AND PRIN	T INFORMATION B	ELOW CLEARLY***	***	
NAME_		SSN		
(Last	First Rank	3)		
Phone#	•			
(Circle one): (RET, ETS,	PCS, CHAPTER).			
Please list any appointmen	nts (date/time) we may N		•	-
PLEASE have a copy	of order with any ame			
your appointment.  PLEASE CIRCLE	THE APPROPRIATE	ANSWERS BELOW	TO ALL QUEST	<u> </u>
Are you separating from the	ne Army?		YES NO	
Are you serviced by the 12	6 <sup>th</sup> Finance Battalion?		YES NO	
Are you serviced by the 82 <sup>nd</sup> Finance Detachme			YES NO	
Do you need information of	on your new duty station	?	YES NO	
Do you have an E-mail acc e.g.last name	count from Fort Bragg?  @bragg.army.mil		YES NO	
Do you reside in On-Post h When is your	nousing? final inspection date?		YES NO	÷
What date will you <b>SIGN</b> (  Soldier who have not de	parted within 30 days			 ssued a nev
clearance record.(AR 600	<b>)-8-101</b> )			
ORDER NUMBER Top left		DATE OF ORDERS Top right		_